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ABSTRACT

This paper explores important conceptual issues that confront researchers who wish to study the role of empathy in parent-child interaction. Part I reviews the major existing theories of parent empathy offered by the psychoanalytic-object relations and the client-centered schools of thought. In part II, a new processing model derived from the general area of empathy research is proposed as a vehicle for concretizing existing theoretical frameworks. This four-stage sequential process includes (1) an affective perception phase, in which the parent attends to and perceives overt behavioral cues indicative of the child's affective experience; (2) an affective reverberation phase, in which the parent vicariously shares the child's emotional experience; (3) a cognitive processing phase, in which the parent detaches from and interprets this last feeling; and (4) a communicative phase, in which the parent provides feedback to the child that his or her feelings have been noticed, shared, and understood. While this model shows some characteristics of other empathic relationships, it is suggested that unique elements of parent empathy indicate the need for specialized study. In part III, three elements unique to parent empathy are discussed in terms of research needs and empathy training. These are the child's long term dependent relationship with the parent, the existence of a naturally emerging motivation for the parent to be empathic, and the developmental nature of parent-child empathy. (CB)

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Toward a Multi-Component Developmental Model of Parent Empathy

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Running head: PARENT EMPATHY

Abstract

Parent empathy is first discussed from the standpoint of the major existing theoretical approaches. The need for a more-easily operationalized model that could facilitate empirical studies of parent empathy is addressed, and a 4-component process model, consisting of an affective perception, affective reverberation, cognitive processing, and communicative phase, is proposed. From the standpoint of this model, parent empathy can be seen to share some characteristics of other forms of adult empathy, such as between therapist and client, teacher and pupil, or husband and wife; but as also containing important unique elements that suggest the need for separate, specialized study. Three unique elements of parent empathy are identified: the long-term dependent relationship of a child on his or her parent; b) the existence of a naturally-emerging motivation to be empathic; and c) the developmental nature of parent-child empathy.

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Toward a Multi-Component Developmental Model of Parent Empathy

This paper will explore a number of important conceptual issues that confront researchers who would seek to study the role of empathy in parent-child interaction. Part I will review the major existing theories of parent empathy. In Part II a new multi-componment descriptive model taken from the general area of empathy research will be proposed as a vehicle for concretizing the existing theoretical frameworks. In Part III, attention will be given to the unique elements of parent empathy that distinguish it from other forms of adult empathy such as the empathy a therapist has for a client, a teacher for a student, or a husband and wife for each other.

I. Theoretical Frameworks for Parent Empathy

The major theoretical underpinnings for understanding the importance of parental empathy historically have come from two main schools of personality development. These are the psychoanalytic-object relations school, which has focused primarily on the role of maternal empathy and sensitivity in the very early parent-child relationship, and the client-centered school, which are focused on parent empathy during childhood and adolescence.

The Psychoanalytic - Object Relations Approach

Psychoanalytic and object relations theorists tie the

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emergence of parental empathy to the earliest contacts that a parent (and in these writings it have been almost exclusively the mother that is the focus) has with the new infant. Primary in their thinking is that the mother and infant constitute an empathic unit such that it makes little sense to view the parent's empathic capacity separate from her intimate interactions with her very young child.

Winnicott (1960, 1965, 1970) writes that within the close-knit bond of mother-infant "mutuality" the mother provides the infant with a "facilitative environment" which consists especially of "holding." The term holding is a figurative one that connotes the entire spectrum of maternal activities that protect and nurture the infant, in addition to the actual physical contact of mother and infant when the child is being held. Winnicott (1965, 1970) believes that the mother's ability to provide such a holding environment is augmented by a heightened "primary maternal preoccupation" that occurs toward the end of the pregnancy and for a few weeks after the birth. During this time the mother is especially given over to the care of the baby, which is first experienced like a part of herself, and with whom she continues to be very much identified. During this period, Winnicott (1965) believes that the mother uses her own

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experiences as a very young child as the basis for her empathy with her baby, and she is herself in a dependent, vulnerable, and somewhat regressed state.

Recently, the emphasis on the fused, dependent and regressive nature of the mother's early empathy for her child has been criticized by several female writers who, nevertheless, view their work from the object relations perspective (Jordan, 1983; Kaplan, 1983; Surrey, 1983). Kaplan (1983) criticizes Winicott's views of the "good enough mother" as a mother who can "fuse" with her infant in such a way as to be responsive to the child's needs and feeling states. The problem with this, she argues, is that traditional views of development describe psychological maturation as involving self-other differentiation and firm ego boundaries. Fusion and merger are seen as failures to attain such developments. Kaplan believes that the emphasis on maternal empathy is too much on regression and immaturity and that this does not give credit to the high level of maturation and competence that is required in true parent empathy. Instead, she proposes a model of empathy for both parenthood and psychotherapy, in which both affective connectedness and cognitive differentiation exist simultaneously in the mature empathic response. In this way, the parent or therapist "is both intimately connected with the

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other person and yet, without losing that connectedness, is in touch with his or her own individuality" (p. 14).

Client Centered Theoretical Views of Parental Empathy

Carl Rogers' (1951, 1957, 1975) theory of personality development and client-centered therapy links parental empathy directly to the child's and adolescent's development of a basic sense of self. As long as the child's environment provides a situation in which he receives unconditional positive regard from parents and significant others, he will perceive himself as lovable, worthy of love, and as having loving parents. These perceptions will become a core element of the developing structure of the self, which will be free to pursue "self-actualization" in line with his innately given motive to do this. However, not all the child's behaviors will meet with parental approval. Rogers uses the example of a child who would find it satisfying and enhancing to hit or try to do away with his baby brother. However, punitive words and actions of his parents lead him to feel that, because he has these thoughts, he must be bad, his behavior must be bad, and that he cannot be loved or lovable when he thinks or behaves in this way. These "conditions of worth" are a serious threat to the child's developing sense of self. He is left with a dilemma that if he were to admit to awareness how hitting or wishing to do away with his baby brother would be

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satisfying, this would be inconsistent with an image of himself as being loved or lovable.

This type of conflict usually results in the child's denial or repression of the original satisfactions. Also, another likely outcome is the occurrence of a distortion of the child's perceptions about his original behaviors and thoughts so that, rather than experiencing these as being undesirable to the parents, he perceives the behaviors and thoughts as undesirable to himself. In Rogers' example, the child's anger toward his baby brother becomes experienced as bad, even though the more accurate symbolization would acknowledge that experiencing anger is quite satisfying and enhancing to the self, and that it is not he, but his parents, who find these feelings intolerable.

Later investigators who followed within the client-centered tradition have addressed the particular kinds of parent behaviors and communications that tend to allow the child to experience acceptance and unconditional positive regard. For example, from the standpoint of Rogerian theory, how the parent responds to the child in discipline encounters where the child's behavior must be corrected is especially important. Stollak (1978) suggests that too often in discipline situations the parents "instinctively" react with a "reflexive" attack response and defense of their own point of view. He than puts forth a series of specific types of

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communications which, when communicated in sequence, constitute an empathic response to the child:

1. Clear and unambiguous, verbal and non-verbal, communications which indicate that the adult is aware of and understands the child's feelings, and how the child's social actions derive from these feelings.

2. Communications which indicate that the adult acknowledges the child's feelings as natural and valid human experiences.

3. Communications which indiciate what the adult thinks and feels about the way the child is expressing his or her inner experiences. The child's feelings and needs are indeed natural and valid human experiences, but the way the child is expressing them might be unacceptable.

4. If the child's actions are not acceptable, communications indicating alternative ways for the child to express his or her feelings in the present as well as in the future.

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Stollak calls this sequence of effective parental responses "discipline communications." He believes that they will not arouse a level of anxiety or fear that is so high that the child will want to escape the discipline encounter and all further parent-child interactions. Rather, the above communications will result in the child feeling loved and validated, so that he then will want to confront the problem and work toward compromises out of his own competence motivation.

It is interesting to note how these discipline communications are similar, yet go beyond, the "inductive discipline" techniques which are thought to be related to the development and enhancement of empathy in the child (Hoffman, 1982). In inductive discipline the focus is on making the child aware of how his actions have made somebody else feel. Inductive discipline techniques do not go the extra step of emphasizing the validity of the child's feelings even if their behavioral expression is unacceptable. According to client-centered theory such acknowledgment, in the long run, prevents the emergence of agressive behavior problems and promotes the development of prosocial behavior in the child. As Rogers writes of the child in his example:

> "The child in this relationship experiences no threat to his concept of himself as a loved person.

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> He can experience fully and accept within himself and as a part of himself his aggressive feelings toward his baby brother. He can experience fully the perception that his hitting behavior is not liked by the person who loves him. What he then does depends upon his conscious balancing of the elements in the situation - the strength of his feeling of aggression, the satisfactions he would gain from hitting the baby, the satisfactions he would gain from pleasing his parent. The behavior which would result would probably be at times social and at other times aggressive. It would not necessarily conform entirely to the parent's wishes, nor would it always be socially 'good.' It would be the adaptive behavior of a separate, unique, self-governing individual (1951, p. 501).

II. A Multi-Component Descriptive Model

While the object-relations and client centered perspectives each provide some needed theoretical grounding for parent empathy, these perspectives do not describe parent empathy with sufficient conceptual clarity to allow the intensive research effort warrented by its hypothesized importance in parent-child relations and child adjustment. A major problem is what Feshbach (1982) has described as the

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overuse of the term empathy to take on the property of "an all-embracing 'good'" (1982, p. 319). As parental empathy becomes equated with such broad concepts as love, nurturance, morality, and effective parenting, its uniqueness as a psychological construct is lost. Thus, many studies of parenting styles and practices include empathy-like behaviors among the measures employed, but, it is often extremely difficult to disentangle the impact of empathy on the child from the impact of several other closely related, but distinct parenting variables.

A new multi-component descriptive model taken from the general area of empathy research (Keefe, 1976, 1979) and recently expanded by Goldstein and Michaels (in press) is proposed as a vehicle for concretizing the existing theoretical frameworks. With this model, the individual component processes that make up a parent's empathic response to a child can be studied both separately and in combination. Furthermore, the impact of parent empathy can be distinguished from other related parent-child variables.

The model views empathy as consisting of a 4-stage sequential process: (1) First is an affective perception phase whereby the observer (in this case the parent) initially attends to, and perceives overt behavioral cues indicative of the other's (in this case the child's) affective experience. Among the cues that lead to affective perception are postural,

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facial, verbal, tonal, content, and timing cues from the child. Also important at the level of the initial affective perception phase, though not included in Keefe's original model, are situational and environmental cues which will aid in the comprehension and interpretation of the child's feelings. (2) The affective reverberation phase follows the initial affect perception. The parent vicariously shares in the child's emotional experience, letting the feeling "reverberate" within himself. The analogy is to the sound box of a stringed instrument resonating to the sound of the vibrating string. During this phase, the parent initially avoids bringing cognitive processes to bear on the vicariously experienced feeling. This allows the parent to experience the child's affective world more directly. He or she must be able to tolerate holding on to what may be an unhappy, angry or otherwise negative feeling experienced by the child. (3) The parent now brings to bear on the vicariously experienced emotion, the wide variety of cognitive processes that will help him or her understand and interpret it. Some stepping back or detaching from the feeling is necessary for this. The parent may engage in role-taking in an attempt to better understand the child's perspective. He or she may explore the situational cues more fully in an attempt to make inferences about what the child is experiencing. The parent may also utilize his or her store of knowledge about how the child

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normally behaves in similar situations, as well as general knowledge of child development, all to assist in inferring about the child's affective state. There is probably considerable moving back and forth between this cognitive phase and the previous affective phase, as the parent tries on ideas about the child's feelings and attempts to match them to his/her vicariously shared emotions. (4) The final phase of the empathic process consists of providing feedback to the child that his feelings have been noticed, shared, and understood. This is usually done verbally. While a non-verbal gesture such as a look or a hug may also be a form of empathic communication by parents to children, a distinction needs to be made between behaviors that communicate empathic feeling and understanding and other parent behaviors which would be better understood as the behavioral consequences of parental empathy.

III. Unique Qualities of Parent Empathy

A close examination of parent empathy from the perspectives of the major theoretical approaches, as well as from the perspective of the multicomponent descriptive model discussed above, reveals that there are a number of ways in which parent empathy is uniquely different from other domains of empathy. At least three differences suggest the need for separate, specialized study, as well as for specialized approaches to parent empathy training. These are: (1) the

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unique situation of a very close, long-term relationship across the child's entire life; (2) The existence of a naturally emerging motivation to be empathic to one's new child; (3) the fact that the the parent empathy response appears to require different qualities and skills at different stages in the life of the parent-child relationship, such that one can posit a series of developmental changes in parent empathy.

Impact of a Life-Long Parent-Child Bond

Both the strong emotional ties between parent and child and the accumulation of experiences that a parent has with his or her child is far greater than for any other kind of interpersonal relationship in which empathy is hypothesized to play and important role, except possibly the relationship between husband and wife. This leaves the parent with access to a very large store of historical and situational cues to use in making judgments about how the child is feeling in any current affect-producing situation. Usually, the extensive experience over the long-term with the child should work toward enhancing parent empathy. However, in some circumstances it may actually make the experience and expression of empathy more difficult. First of all, the fact that children are constantly changing in both their affective and cognitive abilities must surely challenge the parent's ability to recognize and adjust to the more subtle,

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qualitative changes in his or her child's experiences. For example, the experience of hunger by a helpless infant with no internalized concept of a parental figure who will come to feed him, must be much more traumatic than the exerience of hunger in an older child who knows that he has the power to relieve the hunger himself through a trip to the refrigerator. The parent must recognize the changing nature of the child's feelings of hunger.

Furthermore, because in the family parent and child are often reacting, albeit in their own ways, to the same emotion-arousing stimuli, the parent's own emotions and needs are often involved in many situations where the child is having an affective experience that calls for empathy. In order to be empathic, the parent must be willing and able to put aside his or her own needs, at least temporarily. Particularly difficult may be the situation where the child is perceived as contributing to, or as causing the parent's problems. An example is the parent who feels tied down by her child's clinging behavior and constant asking for attention. Expression of neediness by the child may cause anger and resentment which could then work against the parent's attempt to be empathic.

Because the parent is aware of how dependent the child is on him or her, feelings of guilt may also interfere with empathy, particularly in situations, where the parent is aware

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that his or her own behavior is perceived by the child as the cause of the child's distress. An example is the parent who must be away from the child for an extended, but unavoidable out-of-town trip, and so avoids saying goodbye because this may have made the child upset. Guilt feelings may also interfere with empathy in situations where the parent knows that he or she is purposely choosing to cause the child some immediate distress, such as in the case of taking a preferred toy away from the child as discipline or punishment for a misdeed.

The only dyadic relationship that normally compares to parent and child in terms of its long duration, its intimacy, and its intensity is the marital relationship. However, despite these similarities, parent empathy and marital empathy have important differences. One major difference concerns the expectation for reciprocity that appears to be an important foundation for marital empathy, but not for parent empathy. While children are capable of empathy in specific emotion-arousing situations and can frequently recognize simple parent emotional responses (e.g., whether the parent is overall happy or sad), the child is unable to understand more complex parental emotions or their causes. There is a huge difference in the knowledge and skills that parents and children bring to their relationship and parents' motivation for empathizing with their children, as we will see below, is

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not based on the expectation that the energy they devote to this will be reciprocated. The marital relationship, on the other hand, is usually founded on the expectation that there will be some degree of reciprocity between spouses in meeting each others' needs. The expectation that one's feelings will be shared and understood is a major part of most peoples' motivation to get married, and when this does not occur, the basis of the relationship itself is often in jeopardy.

Furthermore, discord in the relationship is potentially more threatening to marital empathy than it is to parent empathy. In the parent-child relationship a certain amount of negative or unacceptable behavior on the child's part is usually accepted by the parent as a normal part of development. In the marital relationship, however, mutual empathy between spouses may be an early casualty of conflict and mistrust that one's mate is not trying to understand one's point of view. The loss of a mutually empathic orientation between spouses may then exacerbate the developing problems.

Although potential interferences in the empathic process would seem to be greater for spouses than for parents and children, there are other characteristics of the marital relationship that work to enhance empathic responsiveness between spouses. While the child's continual developmentally-based changes present constant challenge in adaptation and adjustment for the parents, adult developmental

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change is much slower and the long-term marital relationship holds out an opportunity for husband and wife to observe each other's entire emotional repertoire and to discern each other's unique responses to different kinds of affect-arousing experiences.

The Naturally-Emerging Motivation to be Empathic

A second important distinction between parental empathy and other forms of empathy concerns the nature of the motivation to use one's full empathic abilities. While there is evidence that empathy occurs spontaneously, i.e., involuntarily (Hoffman, 1982), when a person is exposed to another's feelings, motivation to be empathic probably develops somewhat independently of the empathic process and researchers should maintain a performance vs. ability distinction. Thus, an individual with high empathic ability may or may not be putting this to use in interpersonal relationships, and motivational factors probably play an important role at each phase of the empathic process. For example, one person may seek out situations where he or she is likely to be exposed another's emotional reactions, while another person may actively avoid such situations. Once in the situation, one person may seek to attend to, and focus on cues from the other that may communicate the emotion, while another person may not. One person may try to put himself into a frame of mind where vicariously experienced feelings

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are allowed to reverberate and afterward, actively seek to understand the feeling, while another person may seek to inhibit these affective and cognitive processes. Finally, one person may strive to find the words, the tone of voice, and the nonverbal signals that will successfully communicate emotional understanding while another person may not.

In the case of parental empathy, one can hypothesize that, except in cases of serious psychopathology or major disruptions in parent-child bonding, the naturally-occurring attachment process functions as the earliest motivational base for the parent's empathic response. Recent research using Ainsworth's strange situation paradigm (Ainsworth, Bell & Stayton, 1971; 1974; Smith & Pederson, 1983) has demonstrated a link between quality of attachment between parent and child and the level of a parent's empathic sensitivity for the child. The role of attachment in empathic motivation is also consistent with the emphasis on "holding" and "mother-infant mutuality" in the writings of the object relations theorists described earlier.

There are at least two ways that attachment may become a motivator of parents' empathy: (1) The desire of child and parent to be in close physical contact with one another ensures that the parent will be in close enough proximity to the child to perceive the affective cues being emitted. (2) Furthermore, the experience of mutuality and identification

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with the infant may enhance the affective reverberation phase of the empathic process; (3) The feelings of nurturance and affection for the child that mark the attachment relationship should predispose the parent to attend more carefully to affect cues, to seek to cognitively understand these cues, and especially to express this understanding back to the child. With respect to the expressive phase of the empathic process, many of the nonverbal behaviors that form a natural part of attachment's behavioral repertoire are just those needed for empathic communication with a preverbal child. Interestingly, this formulation can serve as a concretization of the object relations term "holding" and "facilitative environment" that might more easily be operationalized for empirical research.

It seems likely that the naturally-emerging motivation for empathy is most powerful during the infancy period, but begins to fade in importance later on, both because the attachment experience itself in less emotionally intense later, and because the accompanying behavioral repertoire is no longer sufficient, by itself, to ensure an adequate parental response to a child whose affective and behavioral responses are becoming increasingly more complex. At this point, other motivating factors probably take over in ensuring that the parent will develop the more advanced empathy skills needed for successful parenting. These motivational factors are probably shared by other kinds of empathy and are

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therefore not unique to parenthood. Factors such as reinforcement and exposure to modeling probably are important underlying elements. Also very important as a motivator of parent empathy during the childhood years may be the individual's self-concept or self-schemata (Karniol, 1982) of being a competent, effective parent to his or her child.

The early naturally-occurring motivation to be empathic can be a crucial asset to parent empathy training programs or to anti-aggression programs that seek to eliminate abusive or neglectful parent behavior through enhancing prosocial response tendencies and substituting these for aggressive response tendencies. Empathy trainers working with parents of a very young child may not need to spend great amounts of time and effort on developing and maintaining motivation to change. Instead, they may concentrate their energies on: eliminating psychological, interpersonal, and situational factors that interfere with, or inhibit the expression of the parent's empathic motivation; and developing skills in affective perception, affective reverberation, cognitive processing, and communication of understanding that will allow the parent to translate empathic motivation and intention into empathic fact. With parents of older children, the motivational force of the attachment relationship may still be effectively utilized to develop secondary motivating factors such as

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values attached to good parenting and an interest in being a competent parent.

Because of the high intensity of the vicarious emotional arousal that occurs when one's own child is perceived to be in distress, there may be some situations where the empathy trainer's problem is not to enhance a vicarious emotional response, but to teach the parent to avoid "empathic over-arousal" (Hoffman, 1977, 1982) where the vicarious experience of distress is so strong that it causes the parent to psychologically or physically distance from the child, preventing a helpful response. Methods need to be developed to teach some parents to tolerate higher levels of vicariously experienced distress. Parents need to be taught to regulate their empathic reactions so as to attain a level of vicariously-felt emotion that leads to understanding and involvement with the child, but is not so strong as to interfere with the perceptual, cognitive, and communication components of the empathic response. Furthermore, in order to promote the child's development of autonomy and competence, it is sometimes necessary for the parent to refrain from directly intervening in the situation to relieve the child's distress, in order that the child may solve the problem on his own. This, too, requires the ability to tolerate some degree of empathic distress over an extended period of time.

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The Developmental Nature of Parent Empathy

Systematic changes in the child, the parent, and in the parent-child relationship define what may be seen as a developmental course for parent empathy. One change has to do with the degree of direct involvement that the parent has in the child's most important emotional experiences. During infancy, the majority of experiences that call for empathy occur during a parent's direct dyadic interaction with the child. Both person and situational cues to the child's feelings are immediately available. A parent can also consult his or her own emotional reaction to the situation in order to judge how the child might feel. However, as the child grows older his emotional world expands first to the wider family circle and then outside the family to include peers and other adults. When a child looks sad upon returning from school, the parent can use direct person and situation cues to determine he is sad, but must rely on second hand reports about what occurred at school in order to share and understand the feeling fully. It may be difficult to distinguish between how the child is feeling at the time he tells his parent about the experience, and how the child felt at the time of the initial experience.

Developmental changes in the child also change the nature of the requirements for parent empathy. Maccoby (1984) has recently observed that before a child has developed language,

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he and his parents share a pre-verbal signal system that is usually understood only by them. Other adults who do not understand this private system of communications are much less able to empathize with the child's emotional experiences. However, as the child grows older, verbal reports begin to augment and then replace non-verbal information as the main source of data about what the child is feeling. Now, not only can the child make himself more easily understood to his parents, but for the first time he takes part in a mutually-shared signal system that includes non-family members who can also empathize with him. On the other hand, at about this same time the child also becomes capable of utilizing display rules that control and hide his expression of feelings (Saarni, 1978; 1983) so that parents and non-family members alike must look beyond what is being directly observed to more hidden or ambivalent feelings.

Predictable psychosocial transitions that the child undergoes during the course of development also can be expected to impact on the parent's ability to be empathic. Erikson (1950) and others have theorized that the child passes through a series of psychosocial "crises," in each of which a particular conflict or issue dominates his experience and becomes the focus of much of his psychological energy. While there is considerable disagreement among psychologists about whether psychological development should be viewed as a series

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of crises or as a series of transitions, with normal developmental tasks, (Higgins & Parsons, 1983; Nash & Feldman, 1981) it may be hypothesized that a parent's ability to empathize with the child's developmentally-based experiences may be particularly important. Yet, while considerable attention has been given to investigating how children attempt to cope with developmental changes, much less attention has been given to the parents' abilities to be empathic to the differing experiences of their children at each developmental period. One may speculate that if a parent has had difficulty in his or her own life with some developmentally-based issue, then this might greatly interfere with his or her ability to empahize with the child's experience of this same issue.

Still other developmental shifts in parent empathy probably occur because of changes in the parent rather than the child. As was discussed above, the further the pregnancy is left behind, the more parents will need to replace or augment their early naturally-occurring motivations and abilities to be empathic, with the development of many learned empathy skills. Furthermore, in deciding to have a second child, the parent is creating a situation in which the empathic task becomes a good deal more complex, since now he or she must be able to move back and forth quickly between two children's different developmental levels and different emotional needs. Finally, research in the area of life-span

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development has found evidence that adults, too, may undergo a series of predictable developmental changes (Hultsch & Plemans, 1979, Baltes, 1979). These transitions, though not as carefully studied as the child's developmental stages, may strongly influence attitudes toward parenting, generally, and more specifically, may influence a parent's ability to be empathic with particular kinds of emotional experiences in the child.

In the future programs of parent empathy training should take into account the changing demands of a developing child and a developing parent. Thus, not only should empathy training be multi-component; it should also be stage-specific, focusing both on needs for the current period and anticipatory training for stages to come in the future.

An example taken from clinical practice will serve nicely to illustrate the complexity of the task before the parent who wants to be empathic with his or her child, as well as the task before the parent empathy researcher and trainer whose methods, up to now, have not yet done justice to the subtlety and complexity of the processes involved. A single father who had recently experienced a divorce, had custody of his 9 year old daughter during the week, but during the weekend, the daughter went to stay at her mother's house. One Sunday evening, upon returning from her mother's home, the daughter appeared to be quieter than usual, and a little sulky. The

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father noticed this and, after dinner, asked her if there was anything wrong. She answered that nothing was wrong, but continued to seem a little depressed and irritable. When it was time for her to go to bed, her father came into her bedroom to tuck her covers in. He again asked her if anything was wrong, but this time also asked her if she could remember anything that had happended during the day that might have made her upset. She only answered that she could not think of anything. The father then told her that he would be back in 5 minutes and that during this time he wanted her to really think about whether anything had happened that day to make her upset.

When he returned, his daughter told him that she had just remembered something. That afternoon her mother had been working, and her aunt, a 15 year old, had been doing the baby sitting. In the middle of the afternoon her uncle, who was in his early 20's, came to take them shopping in his car. On the way, he became angry at his younger sister and slapped her hard across the face twice. This young man is known as an unstable person who is usually very quiet, but sometimes hits out impulsively like this. Witnessing the incident had apparently been very upsetting to the young girl.

The father speculated about the meaning of watching this violent scene to his daughter. He suspected that the incident had brought back memories of the verbal fighting that had gone

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on between him and his wife before their recent separation, which he knew had been very traumatic for his daughter. He believed that his daughter truly hadn't remembered that day's incident until the second time he came into the bedroom, and thought that perhaps she had felt anxious telling him about the incident, again because she had witnessed his own fighting. He told his daughter that what her uncle had done was very wrong, that hitting people was wrong, and that he would not let her ride with the uncle again. His daughter listened intently and, despite the fact that she was either unable or unwilling to talk further about what she had been feeling, her mood seemed to lighten immediately.

The above example points out that empathy must be an active process, calling for creativity, flexbility, and perseverence on the part of the parent. In the future, these characteristics, too, have to be worked into our increasingly complex view of what constitutues a parent's empathic response to a child.

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